COMPASSION

WWW.TNMAONLINE.ORG

NOVEMBER 2019 | 1ST ISSUE

TEXAS NEPALESE MEDICAL ASSOCIATION

Texas Nepalese Medical Association
FOUNDING MEMBERS

Dr. Sanjeeb Shrestha

Dr. Jharana Shrestha

Dr. Rosy Rajbhandary

Dr. Anuj Kandel

Dr. Neeti Pokharel

Dr. Sarmila Shrestha

Dr. Bishnu Sapkota

Dr. Shailesh Thapa

Dr. Sumit Bhattarai

Dr. Dipesh Bista

Dr. Yubaraja Bhattarai

CONTENTS

President's Message	Sanjeeb Shrestha	2
First Words...	Pramesh Shrestha	4
TNMA – Executive Committee		5
Treasurer's Report	Rosy Rajbhandary	7
Importance of Oral Health	Sarmila Shrestha	9
Osteoporosis	Jharana Shrestha	13
Rectal Bleeding	Anuj R. Kandel	16
Breast Cancer	Manita Manandhar	18
Health Camps During 2015 Earthquake in Nepal		21
Our Project in Photo Features		29
What is Osteoarthritis	Rosy Rajbhandary	33
Gastro-Esophageal Reflux Disease	Sanjeeb Shrestha	37
Stroke	Shailesh Thapa	41
Community Health Camp	Dinesh Sharma	43
Blood Donation and Science	Nanda Regmi	45

PRESIDENT'S **MESSAGE**

I feel it a great privilege and honor to be elected your president for the two year term 2019 to 2020. I am very thankful for the trust you have all placed with me with this office.

Texas Nepalese Medical Association was established in September 2018 with the goal of providing free health care, providing education on health related topics and uniting the medical and allied health personnel under one common platform.

With the growing medical community presence in Dallas/Fort Worth it was felt necessary to have a more active medical society that enables us to interact with one another in a congenial social environment. It was also imperative for us to have a cohesive medical community where we could all work together in harmony to pursue our common goal of "Working Together for a Healthy Community".

Nepalese Society of Texas (NST) in association with physicians of Texas Nepalese Medical Association (TNMA) has been doing free Medical and Dental Camps in Irving, Texas since 2009. During these free Health Camps, free medical and dental checkups were provided and basic screening labs were offered at heavily subsidized cost. Flu shots were provided during flu season and free EKG's were also done. I am very grateful to Nepalese Society of Texas for fully funding these Health Camps.

In the devastating earthquake of Apr 2015 in Nepal, two medical teams from Nepalese Society of Texas and Texas Nepalese Medical Association doctors and dentists were in Nepal helping the earthquake victims. The first medical team went out in the same week of the earthquake in Apr 2015 and went to remote areas in Sindhupalchok and Nuwakot district taking care of patients affected by the devastating earthquake. The second NST team with TNMA and international physicians went out in June 2015 and attended to over two thousand patients over ten days.

There is also a growing diaspora of Nepalese population in Dallas/Fort Worth now almost reaching 40,000. It was felt that a transition from Health Camps to a permanent Health Clinic was needed. There is an acute need for a health clinic where Nepalese community members, especially our parents, uncles, aunts and grandparents can get care and help to access the complex medical system in US. Our older community members often have language barrier and do not speak English fluently and it is comforting to be able to interact with doctors and nurses in Nepali. It is the goal of TNMA to eventually establish a community health clinic where the elderly, uninsured and under insured community members can get subsidized medical care. The logistics of establishing a permanent Health Clinic is fraught with complex rules and regulations of the US health care system and it also requires significant funding. With these above objectives in mind TNMA is undertaking a fund raising dinner.

It is said charity begins at home and I feel that Texas is now home for most of us. We are now all bound to this land through our children as this is where most of them were borne and will live. Many of us were borne in Nepal "Janma Bhoomi" but will live out our days in dear Texas "Karma Bhoomi". This is why I strongly feel that we should strive to set up a community health clinic in Euless/Irving.

In terms of the medical community TNMA will be a platform to bring all the doctors, dentists together is a cohesive, communal and cordial environment. TNMA also welcomes all other medical personnel like nurse practitioners, nurses, pharmacists, dieticians and social service workers to join TNMA

for we need a team to run a successful clinic. TNMA will also guide and help cultivate leadership qualities in our medical students as they face their careers ahead. TNMA will be a source of knowledge for incoming international medical graduates. Hand in hand we want to work together to unite all the medical diaspora and be a conduit for bringing everybody together for the common cause "Working Together for a Healthy Community"

We are fortunate and grateful that we now have a proposed permanent location for the community Health Clinic at the Nepalese Cultural and Spiritual Center, in Euless, Texas. I am glad to say that we now have over fifty active members to help us meet our goals.

Lastly, we are working diligently to organize our internet site www.tnmaonline.org to make it an effective tool for us to communicate with each other, get information about health care changes and also be a source of information on local business which support and provide medical and business needs in our community. We would like to see the TNMA site develop into a source of information hub for incoming new physicians to be able to connect with local business and also for patients to get quick detailed information on physicians and other medical services and facilities available in the community. We will have a section "circle of sponsors" which will list businesses that sponsor and support Texas Nepalese Medical Association in our mission.

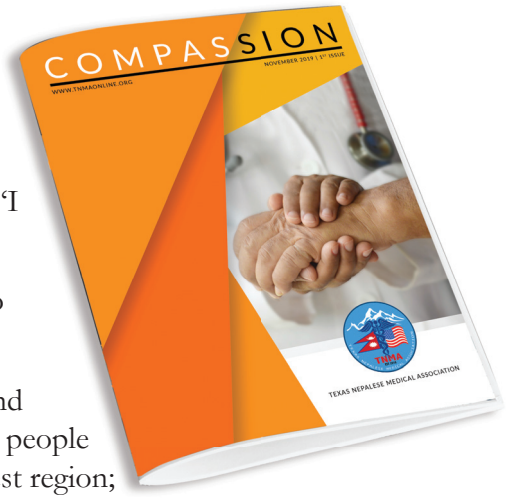
I would like to specially thank TNMA Executive Board members and administrative Directors who have put in countless hours to make our common goal a reality. Finally allow me please to seek your continued support and cooperation to make Texas Nepalese Medial Society truly purposive and meaningful to all of us in the years ahead.

Thanking you all and looking forward to a wonderful year ahead.

Respectfully,

Sanjeeb Shrestha, MD, FACG
President, Texas Nepalese Medical Association
Fort Worth, Texas

FIRST WORDS .....



"Working Together for a Healthy Community"

Namaste! A word for greetings in Nepali; that literally means, 'I salute to a god within you'.

The word, 'God' may have different dimensions according to one's conscious level.

Personally, I have witnessed numerous medical camps; unconditional and selfless service of doctors and medical personnel to medically deprived people either that was in elevation of 11000 plus feet in remote areas of Everest region; or those unlucky fellows in Kathmandu valley.

I have witnessed birth of both of my kids in American hospital; and a huge crowd of people seeking for medical checkups in health camps in Nepalese Temple in Irving.

Each time my heart received same message: ….. unconditional love and selfless service of Doctors, Nurses and Volunteers. And always felt: these Pure Souls are the other form of GOD. I truly salute each of you.

Next, thank you so much to TNMA for accepting me and the team as part of the family and the opportunity to serve for noble cause; and to contribute something to TNMA's mission: "Working Together for a Healthy Community"

Last but not least, huge thanks to Professor Nirmal Man Tuladhar for helping in editing, Dr. Shailesh Thapa for dealing with medical terms, Manjil Shrestha for cover design, and all of my publication team members. Without your contributions, publication of Compassion is not possible. Thank you all.

Sincerely,

Pramesh Shrestha

Managing Editor, COMPASSION

PUBLICATION TEAM

Managing Editor: **Pramesh Shrestha**

Guest Editor: **Prof. Nirmal Man Tuladhar** Contributing Editor: **Dr. Shailesh Thapa**

Cover Design: **Manjil Shrestha, Pixel6Studio.com** Cover Photo: **Sudhir Rajbhandary**

Cover Models: **Dr. Rosy Rajbhandary** and **Ghanashyam Lal Joshi**

Publication Associates: **Lila Shrestha, Badal Bhujel, Dinesh Sharma, Makar Bajracharya**

Pre-press Setting: **Suraj Maharjan** Printing: **Bhairab Printing Solution**, Chhauni, Kathmandu, Nepal

Opinions expressed herein are those of the writers, advertisers & contributors and not necessarily of the publisher and/or editorial board.

COMPASSION is a publication of

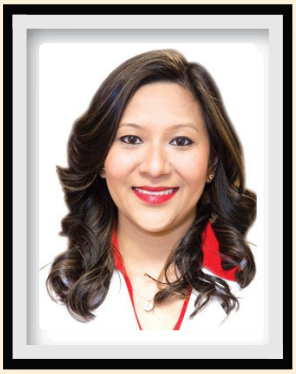
Texas Nepalese Medical Association I 6800 Clear Spring Dr. Fort Worth TX 76132

Texas Nepalese Medical Association Team
EXECUTIVE COMMITTEE

Sanjeeb Shrestha, MD, FACG
President

Sarmila Shrestha, DDS
Vice-President

Anuj Kandel, MD, FACS, FASCRS
General Secretary



Rosy Rajbhandary, MD
Treasurer

Jharana Shrestha, MD, FACR
Executive Director

Yubaraja Bhattarai, MD
Executive Director

Shailesh Thapa, MD
Executive Director

Dipesh Bista, MD
Executive Director

Sumit Bhattarai, MD
Executive Director

Bishnu H. Sapkota, MD
Executive Director

Texas Nepalese Medical Association Team

Lila Shrestha
Director, Executive Office

Badal Bhujel
Director, Community Outreach

Dinesh Sharma
Director, Health Camp

Makar Bajracharya
Director, Fundraising

Manita Manandhar
Director, Nursing

Pramesh Shrestha
Director, Publication

Prince Shrestha
Director, Information Technology

TREASURER'S REPORT

I am honored to be Treasurer of Texas Nepalese Medical Association (TNMA). It is a non-profit organization. It is also my pleasure to report the financial progress. TNMA was established in September 2018 with the mission of working together to keep our community healthy. We started off with zero balance in our account. As founding members of TNMA, 11 physicians got together and collected a fund of $12,000.

There are many ways you can contribute to this wonderful and noble cause. The funds will help us provide the necessary medical equipment, medical supplies, dentist chairs, emergency kits, and medical information brochures, etc. We have organized a fundraising meeting and dinner with the support and contribution from our generous sponsors and donors. We encourage you to become life members or pledge to be a sponsor.

The various levels of sponsorships are as follows:

Grand $10,000.00

Platinum $5,000.00

Gold $3,000.00

Silver $2,000.00

Bronze $1,000 - $1,500.00

Sponsor- $200 - $999.00

Membership Fees are as follows:

Life Member for Physician couple: $1,500.00

Life Member Physician: $1,000.00

Life Member: $501.00

Your membership fees help us run a free health clinic for people in need of health insurance or access to health care. They will have medical and dental consultations from physicians, specialists, dentists, nurses, practitioners, and other medical care providers and social workers, all who are volunteers who have dedicated their precious time and expertise to take care of our community patients for free. They will have vision screening, weight and blood pressure screening, diabetic screening with HBA1C for free. They may have their basic blood-work for a very minimal discounted laboratory fee. TNMA is an excellent platform for networking with health professionals. We have a team of highly qualified dentists, internists, family practitioners, nurse practitioners, psychiatrists, gastroenterologists, rheumatologists, neurologists, colorectal surgeons, etc. We also help freshmen of medicine, medical graduates from Nepal and overseas by providing them with the necessary tools, tips and encouragement to get into US Medical residency programs of their choice.

We simply could not have started this journey without such a dedicated medical team, volunteering staff and the generous contribution of the community. On behalf of TNMA, I would like to extend our heartfelt gratitude to you all. Once again, thank you for giving me this opportunity to serve as your Treasurer. I look forward to building a healthy and happy community successfully for many years to come.

Financial Report of 2018

OPENING BALANCE:	**$0.00**
INCOME	
Founding Member Fee	$12,000

i) $1800 X 2: Couple	
ii) $ 1200 x 7	
TOTAL INCOME	**$12,000**
EXPENDITURES	
Medical Equipment	$56.81
TNMA Formation and Meetings	$400.00
TNMA Meetings (Meet & Greet, Marketing and Outreach, Annual Holiday Meeting	$759.59
TOTAL EXPENDITURES	**$1,216.40**
ENDING BALANCE	**$10,783.60**

HORIZON

Horizon is focused on researching, developing and commercializing medicines that address critical needs for people impacted by rare and rheumatic diseases. Our pipeline is purposeful: we apply scientific expertise and courage to bring clinically meaningful therapies to patients. We believe science and compassion must work together to transform lives. For more information on how we go to incredible lengths to impact lives, please visit www.horizontherapeutics.com, follow us @HorizonNews on Twitter, like us on Facebook or explore career opportunities on LinkedIn.

IMPORTANCE OF ORAL HEALTH

The World Health Organization (WHO) defines oral health as "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing."

Why is oral health important?

- It prevents tooth decay
- It prevents gum disease
- It helps you keep your smile beautiful and boost your confidence
- It improves overall health

Tooth Decay

Tooth decay, or cavity, is the destruction of the hard outer layer of the tooth due to acids produced by the bacteria in the mouth, thereby causing holes. The main cause of tooth decay stems from plaque, a yellowish white film of bacteria that endlessly forms on the teeth. When the bacteria in the plaque come in contact with sugary foods, they produce acids that attack the tooth enamel.

Tooth decay is a major health problem in most industrialized countries, and impacts those of all ages. According to WHO, approximately 2.3 billion people worldwide have tooth decay in their permanent teeth, and another 620 million children suffer from tooth decay in their baby teeth.

Sarmila Shrestha
DDS

"Tooth decay in infants and toddlers is often referred to as Baby Bottle Tooth Decay, or Early Childhood Caries. Children need strong, healthy teeth to chew their food, speak, have a good-looking smile, and to maintain the space for the permanent teeth to come in. It occurs mostly in the upper front teeth, but other teeth can also be affected.

Symptoms of Tooth Decay

When a cavity is just beginning, you may not have any symptoms at all; however, as the decay gets larger, it may cause signs and symptoms such as:

- Toothache, spontaneous pain, or pain that occurs without any apparent cause
- Mild to sharp pain when eating or drinking something sweet, hot or cold
- Visible holes or pits in your teeth
- Brown, black or white staining on any surface of teeth
- Pain when you bite down

Baby Bottle Syndrome

Tooth decay in infants and toddlers is often referred to as Baby Bottle Tooth Decay, or Early Childhood Caries. Children need strong, healthy teeth to chew their food, speak, have a good-looking smile, and to maintain the space for the permanent teeth to come in. It occurs mostly in the upper front teeth, but other teeth can also be affected.

What Causes Baby Bottle Tooth Decay?

- The most common cause is the frequent, prolonged exposure of the baby's teeth to drinks that contain sugar, such as milk, formula, and juices. Tooth decay frequently occurs when the baby is put to bed with a bottle.
- It can also begin with bacteria being passed from the mother (or primary caregiver) to the infant through saliva. When the mother puts the baby's feeding spoon in her mouth, or cleans a pacifier by licking it, the bacteria can be passed to the baby.

Preventing Baby Bottle Tooth Decay

- Try not to share saliva with the baby through common use of feeding spoons or licking pacifiers. After each feeding, wipe your child's gums with a clean, damp gauze pad or washcloth.
- When your child's teeth come in, brush them gently with a child-size toothbrush twice a day. Supervise brushing until your child can be counted on to spit and not swallow toothpaste.
- Place only formula, milk or breast milk in bottles. Avoid filling the bottle with liquids such as sugar water, juice or soft drinks.
- Never put your child to bed with a bottle. Infants should finish their bedtime and nap time bottles before going to bed.
- If your child uses a pacifier, provide one that is clean; don't dip it in sugar or honey.
- Encourage your child to drink from a cup by his/her first birthday.
- Encourage healthy eating habits.
- Schedule the first dental visit as soon as your child's first tooth erupts.

Gum Disease

Gum disease, or periodontal disease, is an infection of the tissues that surround and support your teeth. It is a major cause of tooth loss in adults. Because gum disease is usually painless, it is not diagnosed until it becomes severe. Gum disease is caused by plaque and tartar.

Signs and Symptoms of Gum Disease

- gums that bleed easily
- red, swollen, tender gums
- persistent bad breath or bad taste
- pain on biting food
- permanent teeth that are loose or separating
- any change in the way your teeth fit together when you bite

Factors That Increase the Risk of Gum Disease

- poor oral hygiene
- smoking or chewing tobacco
- genetics
- crooked teeth that are hard to keep clean
- pregnancy
- diabetes
- medications, including steroids, certain types of anti-epilepsy drugs, cancer therapy drugs, some calcium channel blockers and oral contraceptives

The connection between oral health and overall health

Oral health is a window to your overall health. It can contribute to various diseases and conditions, including:

- **Endocarditis:** The infection of the inner lining of your heart chambers or valves (endocardium) typically occurs when bacteria from mouth spread through your bloodstream and attack certain areas in your heart.
- **Cardiovascular disease:** According to a recent study published in the American Heart Association journal Circulation, gum disease increases a person's risk of heart attack by nearly 50%. There is a clear link between gum disease and heart diseases but further research is needed to better understand the relationship between the two.
- **Pregnancy and birth complications:** Gum disease has been linked to premature birth and low birth weight.
- **Pneumonia:** Certain bacteria from the mouth can enter the bloodstream and into the lungs, causing pneumonia and other respiratory diseases.

Certain conditions also might affect your oral health, including:

- **Diabetes**
- **HIV/AIDS**
- **Osteoporosis**
- **Alzheimer's disease**

Oral Cancer

Oral cancer is a major, yet often neglected, health concern, as approximately 300,000 new cases are reported annually worldwide. Oral cancer is more prevalent in the South-Asian Community due to habits such as chewing betel nut, paan and chewing tobacco. Oral cancer can be diagnosed early through regular dental check-ups and oral cancer screenings. Early detection saves lives.

What Are the Symptoms of Oral Cancer?

It's important to be aware of the following signs and symptoms and to see your dentist if they do not disappear after two weeks:

- A sore or irritation that doesn't go away
- Red or white patches

- Pain, tenderness or numbness in mouth or lips
- A lump, thickening, rough spot, crust or small eroded area
- Difficulty chewing, swallowing, speaking or moving your tongue or jaw
- A change in the way your teeth fit together when you close your mouth

Some people complain of a sore throat, the feeling of something caught in their throat, numbness, hoarseness or a change in voice. If you have any of these symptoms, let your dentist know, especially if you've had them for two weeks or more.

How can I protect my oral health?

To protect your oral health, practice good oral hygiene daily.

- Brush your teeth at least twice a day with a soft-bristled toothbrush using fluoride toothpaste.
- Floss daily.
- Use mouthwash to remove food particles left after brushing and flossing.
- Eat a healthy diet and limit food with added sugars.
- Replace your toothbrush every three months or sooner if the bristles are worn.
- Schedule regular dental checkups and cleanings every 6 months starting from the age of 6 months onwards.
- Avoid use of tobacco

Contact the dentist as soon as any oral health problem arises. Taking care of oral health is an investment in overall health.

References:

"Decay." Mouth Healthy TM, www.mouthhealthy.org/en/az-topics/d/decay.

"Gum Disease." Mouth Healthy TM, www.mouthhealthy.org/en/az-topics/g/gum-disease.

"Oral Health: A Window to Your Overall Health." Mayo Clinic, Mayo Foundation for Medical Education and Research, 4 June 2019, www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475. "Oral Cancer." Mouth Healthy TM, www.mouthhealthy.org/en/az-topics/o/oral-cancer.

"Baby Bottle Tooth Decay." Mouth Healthy TM, www.mouthhealthy.org/en/az-topics/b/baby-bottle-tooth-decay

ABOUT THE WRITER

Dr. Sarmila Shrestha is a Dentist based in Dallas, Texas. She is a co-owner of Care N' Cure Dental (Garland, TX) and Round Grove Family Dentistry (Lewisville, TX). Her work focuses on preventive dental care. She practices a conservative approach to treating her patients. Her goal is to educate patients to establish a long-term commitment towards optimal oral health.

Dr. Shrestha's interest in community work and community awareness is highly commendable. She has been volunteering at the Nepalese Society of Texas health camp and providing dental consultation to her community member since 2011.

She received her Bachelor of Dental Surgery from Dhaka University Dental College in 1999 and Doctor of Dental Surgery (DDS) degree from New York University College of Dentistry in 2007.

She currently resides in Dallas with her husband and son. She enjoys spending time with her family and friends, traveling and gardening. You can reach her at sarmiladdd@gmail.com

OSTEOPOROSIS: DIAGNOSIS AND TREATMENT

Jharana Shrestha
M.D; FACR

What is osteoporosis?

Osteoporosis is a condition, where your bones are thin and weak. People with this condition break their bones very easily. Breaking a bone can be serious especially if it is the hipbone. It is said that 25% of people with hip fracture die at the first year. Fracture of the spine and hip can also lead to chronic pain, deformity, depression and disability. 70% of folks over the age of 80 and 15% over age 50 have osteoporosis.

How do I know if I have osteoporosis?

Osteoporosis is a silent condition. Most people do not have any symptoms. We only find out after we break a bone or if your doctor or nurse tests you for it with a test called a bone density test DEXA test, which is a kind of an x-ray or scan.

Who should get bone density testing?

All women over 65 should have DEXA test at least once or men who are over 70 who are at high risk for breaking a bone.

Things that increase your risk of breaking a bone include: a previous history of broken bone as an adult, taking steroids for a long time, using heart burn medications, (Nexium, Prevacid), chronic seizure medications and weight less than 126 lbs. Other risk factors include underlying rheumatoid arthritis or having a parent who broke a hip.

There are cells in your body that are busy destroying old bits of bone and replacing them with new bone. As people age, they often lose bone more quickly than they can replace it, so their bones can become porous, weak and prone to fracture.

What are the osteoporosis medicines?

Certain medicines will lower your chances for bone fracture. There are many different medicines for osteoporosis. Commonly prescribed medications are hormone medications, Fosamax, Boniva, injections like Forteo, Tymlos, Prolia, etc.

After an evaluation your doctor will decide what therapy would be best for you.

How long do I need to take osteoporosis medicines?

If you are at high risk for breaking a bone, you can safely take osteoporosis medicines for many years. If you are not at high risk for breaking a bone, you might be able to stop your medicine for a year or more.

Repeat bone densities are necessary to make sure you are not losing too much bone. Regular exams and tests are also needed to see how well the medicines are working. If they are not working well, you might need a different medicine.

How will I know the treatment is working?

A bone density test should be performed every 2 years to check if osteoporosis medicines are working.

How much calcium or vitamin D do I need to take?

The type and dose of supplement that is right for you will depend on your medical problems and the other medicines you take. It is important NOT to take too much calcium or vitamin D. Taking too much of these can cause other problems too like kidney problems and kidney stones.

In general premenopausal women and men should take 1000mg of calcium and post-menopausal women should take 1200mg.

What type to take?

- Calcium carbonate is effective and is the least expensive form of calcium. It is best absorbed with a low iron meal like breakfast. Calcium carbonate may not be absorbed well in people who also take a specific medication for gastroesophageal reflux called a proton pump inhibitor or H2 blocker, which blocks stomach acid.
- Many natural calcium carbonate preparations such as oyster shells contain some lead.
- Calcium citrate is well absorbed in the fasting as well as with a meal.
- Calcium and vitamin D supplements alone are usually insufficient to prevent age-related bone loss. These do not replace other osteoporosis treatments such as hormone replacement, bisphosphonate like Fosamax, etc.

> Vitamin D is made in the skin under the influence of sunlight. But the production of vitamin D from the skin decreases with age and pigmentation. People who have darker skin need more sun exposure to produce adequate amounts of vitamin D.

- Calcium pills are usually well tolerated when it is taken in divided doses twice a day. Calcium supplements interfere with absorption of iron and thyroid hormones therefore; these medications should be taken at different times.

Importance of vitamin D

Along with calcium, vitamin D also helps to prevent and treat osteoporosis.

Vitamin D is made in the skin under the influence of sunlight. But the production of vitamin D from the skin decreases with age and pigmentation. People who have darker skin need more sun exposure to produce adequate amounts of vitamin D.

To absorb calcium efficiently, an adequate amount of vitamin D must be present. Vitamin D recommendation:

For men >70 years and women > 55 at least 800 IU. A glass of milk has approximately 100 IU per cup, salmon has 800 IU.

So in summary, osteoporosis is a silent but serious condition with significant consequences of hip or spine fracture. In order to prevent Osteoporosis:

> A bone density test should be performed every 2 years to check if osteoporosis medicines are working.

- Eat foods with a lot of calcium, such as milk, yogurt, and green leafy vegetables
- Eat foods with a lot of vitamin D, such as milk that has vitamin D added, and fish
- Take calcium and vitamin D pills (if you do not get enough from the food that you eat)
- Be active for at least 30 minutes, most days of the week
- Avoid smoking
- Limit the amount of alcohol.

Hence, a healthy diet and exercise along with medications (if necessary) can help your bones to stay as strong as possible.

ABOUT THE WRITER

Dr. Shrestha is a board certified Internist and Rheumatologist. She is also a Certified Clinical Densitometrist.

She is a clinical assistant professor for the UNT health system and trains and teaches the next generation of doctors.

She attended medical school at Lady Hardinge Medical College in New Delhi, India; residency at Metro Health - Case Western Reserve University and fellowship at University of Texas Medical Branch.

She has been in private practice rheumatology for 20 years.

During the devastating earthquake of Nepal in 2015, she was one of the first team of doctors providing care in the remote villages of Nepal. She along with her husband Dr. Sanjeeb, were the first doctors to start up the free health camp at Nepalese Society of Texas.

In her spare time she likes to run races and has participated in many races including the Chicago, Dallas and Fort Worth Marathons. She says running is her third passion after motherhood and medicine.

RECTAL BLEEDING

Bleeding is never normal. I tell my patients blood should stay within the blood vessels. Rectal bleeding should be evaluated by the specialists. If you have rectal bleeding, you might see bright red blood or black tarry looking in toilet, on toilet paper after wiping or on surface of or mixed with stool.

Bright red blood is usually a sign of bleeding from a benign (non-cancerous) or malignant (cancerous) causes.

The most common source of rectal bleeding is hemorrhoids or fissure (ulcer/cut in the anal canal).

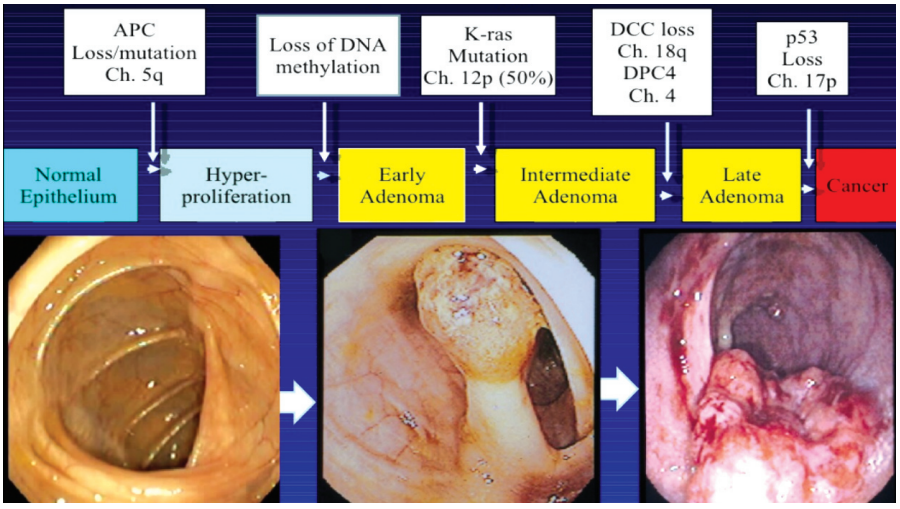
Stools that look like tar are usually caused by bleeding high up in your digestive system.

Colorectal cancer is the second leading cause of cancer related death in US. Risks are about 1 in 20, but remember this varies widely according to individual risk factors predetermined by the genes that we inherited and also on environmental factor (our choices/habits). Most new cancer cases occur in people over the age of 50. However, if you have a first degree relative (parents, siblings or offspring) who has colon cancer, this increases your risk by 2-3 times.

So, what causes colorectal cancer?

How does cancer form?

It undergoes sequential change that we refer in the medical community as the "adenoma carcinoma sequence". These cancers start out as a normal cell, then due to genetic damage or chronic environmental exposure (our habit); these cells lose their ability to self-regulate the



Anuj R Kandel
MD, FACS, FASCRS

"These cancers start out as a normal cell, then due to genetic damage or chronic environmental exposure (our habit); these cells lose their ability to self-regulate the reproduction, creating an adenoma, which if not removed endoscopically progress to cancer. Thus, I always advocate about screening colonoscopy in patients at age 45 and above or those with symptoms, so if adenoma is found in early stage, you can prevent cancer.

reproduction, creating an adenoma, which if not removed endoscopically progress to cancer. Thus, I always advocate about screening colonoscopy in patients at age 45 and above or those with symptoms, so if adenoma is found in early stage, you can prevent cancer. Various genetic alterations take place during this transition.

The top two images show cancer polyps that are early in their development. As time passes, the polyps can grow in both number and size, resulting in the image on the bottom left. On the right side, you see what can happen once colon cancer has advanced. This image shows a cross-sectional scan, and the largest organ you see is the liver. The dark circles throughout the liver are tumors, the result of Stage IV colon cancer.

Help spread the word about the importance of colon cancer screening. All those above 45 years old should be screened. People with a family or personal history of colon cancer, polyps, Crohn's Disease, ulcerative colitis, or uterine and ovarian cancers may need to be screened even earlier. Colon cancer often strikes without any warning signs or symptoms.

There are several screening tests that we can discuss, but the most importantly I'd like to put a special emphasis on COLONOSCOPY.

I always inform my patients prior to their colonoscopy that if we find an adenoma I can snare that off, effectively stopping the cancer in its tracks.

If we do find a mass, I can usually remove this with minimally invasive techniques - Laparoscopic or Robotic surgery.

The prognosis is better after a good curative resection by a colorectal surgeon.

ABOUT THE WRITER

Dr. Kandel, was born and raised in Bharatpur, Nepal. He completed school from Gandaki Boarding in Pokhara and MBBS from Manipal College of Medical Sciences, Nepal.

Dr. Kandel came to United States for advanced training, completing General Surgery Residency from North Shore University in Long Island, NY. He then further specialized in Colon and Rectal Surgery from Greater Baltimore Medical Center in Maryland.

Dr. Kandel has been on practice since 2012, and practicing in Texas from 2016. He feels Texas home away from home and have been living with his beautiful wife, Dr. Neeti Pokharel and two amazing childrens: Nirvan and Avani.

Dr. Kandel is board certified by both the American Board of Surgery and the American Board of Colon and Rectal Surgery and is considered a top colon doctor in Waxahachie, Texas. He sees patients and treats them for wide array of colorectal disorders including colorectal cancer, diverticulitis, hemorrhoids, and fistula; performs minimally invasive colon and rectal surgery using Laparoscopes and Robotic instruments. **Dr. Kandel** can be reached at his email with any questions: anujkandel@gmail.com

BREAST CANCER

What is Breast Cancer?

Breast cancer starts when cells in the breast begin to grow out of control. These cells usually form a tumor that can often be seen on an x-ray or felt as a lump. The tumor is malignant (cancer) if the cells can grow into surrounding tissues or spread to distant areas of the body. Breast cancer occurs almost entirely in women, but men can get breast cancer, too.

Breast cancers can start from different parts of the breast. Most breast cancers begin in the ducts that carry milk to the nipple. Some start in the glands that produce breast milk. Although many types of breast cancer can cause a lump in the breast, not all do. Many breast cancers are found on screening mammograms which can detect cancers at an earlier stage, often before they can be felt, and before symptoms develop.

Risk factors for breast cancer

Risk factors of breast cancer are family history of breast cancer, BRCA gene (tumor suppressor gene) mutation, drinking alcohol, being overweight or obese, not having children, not breastfeeding, use of hormonal birth control, hormone replacement therapy after menopause, and breast implant.

Breast Cancer Signs and Symptoms:

Knowing how your breasts normally look and feel is an important part of breast health. Finding breast cancer as early as possible gives you a better chance of successful treatment. Women should be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.

The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancer.

Other possible symptoms of breast cancer include:

- Swelling of all or part of a breast (even if no distinct lump is felt)
- Skin irritation or dimpling (sometimes looking like an orange peel)

Manita Manandhar
Frisco, TX

"Many women may find lumps or changes in their breasts since some of these are normal changes that occur at various stages in the menstrual cycles. A change or lump in your breast is not necessary to panic. Breasts often feel different in different places. A firm ridge along the bottom of each breast is normal, for instance. The look and feel of your breasts will change as you age.

> Regular mammogram can detect breast cancer at an early stage, and treatment is most successful. A mammogram can find breast changes that could be cancer years before physical symptoms develop. Results from research clearly show that women who have regular mammograms are more likely to have breast cancer detected early and are less likely to need aggressive treatment like surgery to remove the breast (mastectomy) and chemotherapy.

- Breast or nipple pain
- Nipple retraction (turning inward)
- Redness, scale, or thickening of the nipple or breast skin
- Nipple discharge (other than breast milk)
- Lump under the arm or around the collarbone may occur before tumor in the breast is large enough to be felt.

Screening and detection of breast cancer

Getting regular screening tests is the most reliable way to find breast cancer early. Regular screening and early detection are the most important strategies to prevent death from breast cancer. The earlier the cancer is detected the higher the survival rate.

Mammogram

A mammogram is an x-ray of the breast that looks for changes that may be signs of breast cancer. It is recommended to have mammogram yearly for women over age 40. Regular mammogram can detect breast cancer at an early stage, and treatment is most successful. A mammogram can find breast changes that could be cancer years before physical symptoms develop. Results from research clearly show that women who have regular mammograms are more likely to have breast cancer detected early and are less likely to need aggressive treatment like surgery to remove the breast (mastectomy) and chemotherapy.

Self - breast examination for awareness

There are two steps of self- breast examination - ***look and feel.***

1. Look

- Sit or stand in front of a mirror without clothes and with your arms at your sides.
- Face forward and look for puckering, dimpling, or changes in size, shape or symmetry.
- Check to see if your nipples are turned in (inverted).
- Inspect your breasts with your hands pressed down on your hips.
- Inspect your breasts with your arms raised overhead and the palms of your hands pressed together.
- Lift your breasts to see if ridges along the bottom are symmetrical.

2. Feel

- Lay down on a flat surface on your back. When lying down, breast tissue spreads out, making it thinner and easier to feel.
- Use right hand to feel left breast and left hand to feel right breast.
- Use the pads, not the very tips, of your three middle fingers for examination.
- Use light pressure to feel the tissue closest to the skin, medium pressure to feel a little deeper and firm pressure to feel the tissue closest to the chest and ribs. Be sure to use each pressure level before moving on to the next spot.
- Use a methodical technique to ensure you examine your entire breast and underarms. For instance, imagine the face of a clock over your

breast or the slices of a pie. Begin near your collarbone and examine that section, moving your fingers toward your nipple. Then move your fingers to the next section.

What's normal?

Many women may find lumps or changes in their breasts since some of these are normal changes that occur at various stages in the menstrual cycles. A change or lump in your breast is not necessary to panic. Breasts often feel different in different places. A firm ridge along the bottom of each breast is normal, for instance. The look and feel of your breasts will change as you age.

When to contact your doctor

Make an appointment with your doctor if you notice:

- A hard lump or knot near your underarm
- Changes in the way your breasts look or feel, including thickness or prominent fullness that is different from the surrounding tissue
- Dimples, puckers, bulges or ridges on the skin of your breast
- A recent change in a nipple to become pushed in (inverted) instead of sticking out
- Redness, warmth, swelling or pain
- Itching, scales, sores or rashes
- Bloody nipple discharge

Your doctor may recommend additional tests and procedures to investigate breast changes, including a clinical breast examination, mammogram, and ultrasound.

References:

American Cancer Society. Breast Cancer: Breast Cancer Information & Overview. https://www.cancer.org/cancer/breast-cancer.html

Mayo Clinic. Breast self-exam for breast awareness. July 3, 2018.

https://www.mayoclinic.org/tests-procedures/breast-exam/about/pac-20393237

ABOUT THE WRITER

Manita Manandhar

Frisco, TX

Education:

Bachelor of Science in Nursing from The University of Texas Arlington on 2006

Masters of Science in Nursing from The University of Texas at Arlington on 2012

Profession:

Currently working as Family Nurse Practitioner at Cigna Onsite Health at Arlington, Texas

Volunteer:

Health care coordinator at Nepalese Society Texas Irving, Texas since June 2018

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

Health Camps During 2015 Earthquake in Nepal

OUR PROJECT IN PHOTO FEATURES

OUR PROJECT IN PHOTO FEATURES

OUR PROJECT IN PHOTO FEATURES

OUR PROJECT IN PHOTO FEATURES

WHAT IS OSTEOARTHRITIS (OA) ?

Osteoarthritis (OA) is the most common form of arthritis. It affects the cartilage and bone in a joint, resulting in pain, stiffness, swelling and difficulty using that joint.

OA can affect any joint, but it usually occurs in the knees, hips, lower back, neck and small joints of the fingers and bases of the thumb and big toe. The shoulders and temporomandibular joints may also be affected. Other joints are rarely involved, except as a result of joint injury or stress on the joint.

Nearly 27 million people in the Unites States have OA. However, not everyone has joint symptoms due to it.

OSTEOARTHRITIS IN HANDS

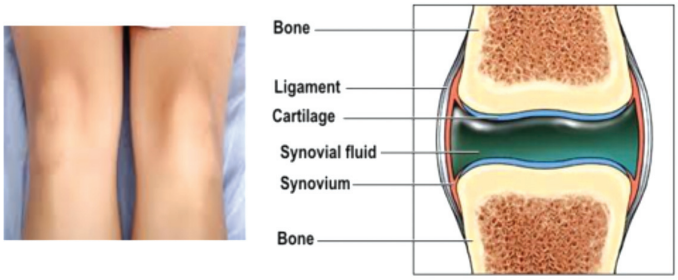
WHAT HAPPENS IN OA?

In normal joints, a firm, rubbery material called cartilage covers the end of each bone. Cartilage provides a smooth, gliding surface for the joint motion and acts as a cushion between the bones In OA, this cartilage breaks down and causes symptoms such as pain, swelling and problems using the joint.

Rosy Rajbhandary

"Osteoarthritis is different from other forms of arthritis such as inflammatory arthritis, rheumatoid arthritis, psoriatic arthritis, gouty arthritis, etc. You may have more than one form of arthritis at the same time. Osteoarthritis should not be confused with Osteoporosis that is a bone problem where bone loses bone mass and become brittle and easy to break.

NORMAL KNEE JOINT



NORMAL VERSUS OA KNEE

> Treatment plan will include many things such as maintaining normal weight, regular physical activity, physical and/or occupational therapy, use of assistive devices such as braces and medications. If these measures don't help, surgery may be considered an option for certain joints such as hips and knees, etc.

SYMPTOMS

These can be progressive. They can vary depending on which joint is involved.

- Persistence or recurring pain, aching, and tenderness
- Stiffness and limited range of motion in a joint
- Mild swelling around the joint
- Clicking or cracking sound when a joint bends

Enlargement of bony growth leading to changes in shape of a joint OA in the hips:

- You typically feel pain in the groin area or buttocks
- Pain on standing and walking, difficulty bending
- Referred pain to the knees or thighs

OA in the Knees:

- Catching, Clicking sensation when you move your knee
- Painful to walk up and down the stairs, stiffness when getting up from a chair, "gelling" effect

OA in the Fingers:

- Bony growth in the knuckles
- Activities requiring thumb, fingers may be painful, hands may feel poor grip, poor strength

OA in the spine or back:

You may feel pain, stiffness in the neck or lower back, which is also known as degenerative spine disease.

Osteoarthritis is different from other forms of arthritis such as inflammatory arthritis, rheumatoid arthritis, psoriatic arthritis, gouty arthritis, etc. You may have more than one form of arthritis at the same time. Osteoarthritis should not be confused with Osteoporosis that is a bone problem where bone loses bone mass and become brittle and easy to break

RISK FACTORS FOR OSTEOARTHITIS

Although the exact cause of OA is still unknown, there are certain risk factors as follows:

1. Aging: OA is more common as you grow older.
2. Excess body weight: Being overweight or obese is a strong risk factor for developing OA, especially in the hips, knees and feet.
3. Injury: traumatic joint injury, such as accidents, sports injury can cause early OA.
4. Genetic factors: It is seen to have a genetic predisposition.
5. Occupation: Certain activities, job, profession that require repetitive, forceful or excessive motion over a prolonged period of time.

HOW CAN WE PREVENT OA?

1. Maintain a healthy weight
2. Exercise and stay active
3. Avoid repetitive movement, joint injury, trauma, accidents

HOW TO DIAGNOSE OA?

Diagnosing arthritis includes a detailed history of your symptoms, things that you can and cannot do due to your symptoms, personal and family history, social history, physical examination. You may require work up including blood work and imaging studies to rule out other forms of arthritis and evaluate the extent of joint damage.

MANAGEMENT OF OA:

The goals are mainly to control the pain, improving and preserving joint function, thus optimizing overall well-being and improving quality of life. For this, you need to see you doctor, rheumatologist and have good communication to come up with a treatment plan that is right for you, based on your age, other medical comorbidities, occupation and everyday activities. Treatment plan will include many things such as maintaining normal weight, regular physical activity, physical and/or occupational therapy, use of assistive devices such as braces and medications. If these measures don't help, surgery may be considered an option for certain joints such as hips and knees, etc.

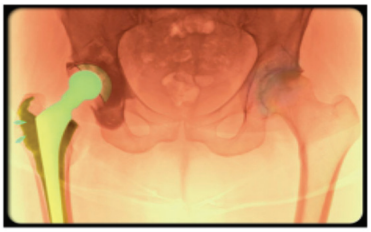
Medications may include non-opioid analgesics such as acetaminophen (Tylenol), Nonsteroidal anti-inflammatory drugs (NSAIDs) or opioid analgesics. Topical NSAIDs are also helpful to apply on the painful areas as needed for pain relief. Injectable

INJECTIONS INTO THE JOINT

> Injectable steroids may also be injected into the painful joint for providing pain relief that can last several months. Hyaluronic acid can also be injected in the knee joint which helps to lubricate and cushion the joint. Nutritional supplements such as glucosamine and chondroitin sulfate are also taken by some patients although research has yet to confirm their benefits.

steroids may also be injected into the painful joint for providing pain relief that can last several months. Hyaluronic acid can also be injected in the knee joint which helps to lubricate and cushion the joint. Nutritional supplements such as glucosamine and chondroitin sulfate are also taken by some patients although research has yet to confirm their benefits. Make sure you talk to your doctor about possible benefits, risks and interactions with other medications before taking any supplements. Some other ways to provide relief are applying hot and cold packs locally, stretching and relaxing like doing yoga, massage therapy, acupuncture and maintaining a positive attitude to relief stress and improving pain coping mechanisms.

TOTAL HIP AND KNEE REPLACEMENT



ABOUT THE WRITER

Dr. Rajbhandary is a specialist in Rheumatology and practices at Texas Health Huguley Hospital Fort Worth South and has a clinic in Burleson, Texas.

Dr Rajbhandary completed her internship and residency in Internal Medicine at Saint Barnabas Medical Center in Livingston, New Jersey, where she earned the Barbara Sloan Patient Comfort Award for most compassionate care and was voted the best teaching resident. She did a fellowship in rheumatology at Los Angeles County + University of Southern California Medical Center in California, which is ranked one of the top rheumatology programs in the nation.

She specializes in treating both common as well as rare rheumatic conditions, including osteoarthritis, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, lupus, gout, fibromyalgia, sarcoidosis, vasculitis, Bechet's disease, and osteoporosis. She does steroid and viscosupplementation injections, trigger point injections, injections for treatment of carpal tunnel syndrome, trigger finger and bursitis.

She has been voted as Top Doc Fort Worth consecutively in 2017, 2018 and 2019. She was the Medical Honoree for the Arthritis Foundation. She has participated in the Lupus Run 2016, 2017 and 2018.

She is a member of several professional organizations, including the American College of Rheumatology (ACR), American Medical Association (AMA), Texas Medical Association (TMA), and International Society for Clinical Densitometry (ISCD)

A frequent speaker at medical conferences, Dr. Rajbhandary has authored several articles published in major rheumatology journals such as the Arthritis and Rheumatology, Journal of Rheumatology, Rheumatic Disease Clinics of North America. She has written responses in the Q and A section of Arthritis Self-Management Magazine. She has also participated in many clinical research trials.

Quality Dental Care You Can Trust!

Round Grove Family Dentistry
469-702-2560
Lewisville, TX

Dr. Sarmila Shrestha
Dr. Rani James

care n cure DENTAL
469-298-3892
Garland, TX

GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD)

Sanjeeb Shrestha
MD, FACG
Texas Digestive Disease Consultants

Introduction

Gastroesophageal reflux disease (GERD) is a common condition in the United States with big prevalence up to 15% to 20 %. GERD affects 20-30 million people on an annual basis in US. It is defined as a condition that develops when the reflux of stomach contents leads to troublesome symptoms. People have symptoms of burning in the middle of abdomen (epigastrium), chest, hoarseness, chronic cough or clearing of the throat which can all be manifestation of GERD.

Chronic reflux disease can lead to esophagitis, esophageal ulceration Barrett's esophagus and esophageal cancer.

Signs and symptoms

People with reflux may have symptoms of burning in the stomach and chest area and epigastric pain often called as "gastritis" in Nepal. The reason for reflux is multifactorial. This includes excessive acid production, loose lower esophageal valve or (LES), poor clearing of reflux acid from the esophagus and Esophageal dysmotility (esophageal contraction). Other manifestations which are called atypical reflux may include chronic cough, postnasal drip and constant clearing of the throat. Extra intestinal manifestation includes hoarseness, laryngeal reflux and chronic sinusitis. Other unusual symptoms may be due to increased pain perception and called functional reflux. This is a condition where severe burning symptoms are felt in the absence of underlying disease.

Long term chronic reflux and acid injury in esophagus may lead to swallowing difficulty (dysphagia) this is manifested by food getting stuck in the upper or lower esophagus. If the disease is progressive patients may develop narrowing in the lower esophagus or stricture. This will need endoscopic evaluation and treatment which involved dilation with a dilator or balloon. Swallowing problem is often due to mechanical obstruction related to food being stuck in the esophagus.

“Extra intestinal manifestation includes hoarseness, laryngeal reflux and chronic sinusitis. Other unusual symptoms may be due to increased pain perception and called functional reflux. This is a condition where severe burning symptoms are felt in the absence of underlying disease.

> Long term chronic reflux and acid injury in esophagus may lead to swallowing difficulty (dysphagia) this is manifested by food getting stuck in the upper or lower esophagus. If the disease is progressive patients may develop narrowing in the lower esophagus or stricture. This will need endoscopic evaluation and treatment which involved dilation with a dilator or balloon.

Diagnosis

Gastroesophageal reflux disease is often diagnosed by clinical history and patient's symptoms. There are several tests available for further evaluation. By the time patients visit their physicians many have tried several over-the-counter medications like Zantac, Pepcid or Prilosec.

An easy way to diagnose reflux is with the Proton pump inhibitors (PPI) challenge. In these test patients and given high doses of PPI medication for a period of two weeks and adequate relief of symptoms would suggest chronic reflux disease and long-term treatment with medication may be warranted.

Endoscopic evaluation, or examination of esophagus with a camera, is recommended in people who are above 50 years or people with chronic long-standing reflux of ten years and with people with worrisome symptoms i.e. weight loss, swallowing difficulty or worsening reflux despite being on medications.

Esophagogastroduodenoscopy (EGD)

EGD is a common procedure performed by a gastroenterologist. It is performed in the United States under deep sedation with anesthesia, like Propofol. During esophagogastroduodenoscopy the esophagus, stomach and duodenum are evaluated. At endoscopy there may be tell-tale signs of reflux or gross evidence of reflux may be visible. There might be mild inflammation or esophagitis, small ulcers or even Barrett's esophagus. Other common findings are hiatal hernia, esophageal rings and longitudinal furrows related to food allergy.

Hiatal hernia is a common condition where part of the stomach herniates into the chest and this contributes to reflux by decreasing the lower esophageal sphincter tone and causing free reflux. Lower esophageal rings may lead to symptoms of dysphagia and food being stuck in the esophagus and these are treated with endoscopy with dilation.

Barrett's esophagus is a condition which is diagnosed during endoscopy and often seen in people with long-standing reflux disease.

Treatment options

Treatment options are tailored to specific underlying reason for reflux. Diet, exercise and weight loss are often the corner stone of treatment for gastroesophageal reflux disease. Alcohol and caffeine avoidance is also important part of therapy. There are many over-the-counter medications available including, Antacids, H2 blockers and proton pump inhibitors. Surgical option includes Nissen fundoplication, transesophageal fundoplication (TIF) and new LINX Reflux management system.

Medical management

Over-the-counter medication is a four billion dollar market for treatment of reflux disease. These include antacids, H2 blockers and Proton Pump Inhiitors (PPI). Available medications include Tums, calcium carbonate products. Antacids give immediate relief and are quite popular among the general population.

H2-blockers including Ranitidine, Pepcid and Tagamet are also frequently used and will help for mild to moderate reflux. However, the most common category is Proton Pump Inhibitors (PPI) medication Prilosec, Nexium, Prevacid, Protonix, Zegrid and Dexilant.

Diet, exercise and weight loss are still the most important factors that need to be adjusted for people with chronic reflux disease. In American and in Nepalese diet we tend to have moderate amount of oily, spicy food. People with reflux should limit intake of oily fried food, particularly fast food. Nepalese cuisine with ghee and spicy food also predispose to chronic esophageal reflux disease. People with chronic reflux should avoid these foods and avoid eating late at night; there should be four-hour gap after dinner and going to bed. A wedge to elevate head end of the bed might be helpful for people with severe reflux, sleeping on the left side is also helpful due to the angulation of the esophagus this decreases reflux symptoms. Alcohol should be avoided; caffeine and caffeinated drinks should be decreased as they all contribute to reflux.

Over-the-counter medications are used by consumers to help with reflux symptoms and this may be effective even when taken on an as needed (PRN) basis for mild disease. For moderate to severe reflux proton pump inhibitors are also available over-the-counter but frequently prescribed at higher doses. This will decrease acid production thereby helping with reflux symptoms.

Proton pump inhibitors have been the mainstay of treatment for moderate to severe reflux disease for the past twenty five years. PPI are quite effective in relieving symptoms of moderate to severe reflux disease and also in healing ulcers.

Though PPI have been in use for past three decades, recently there is evidence that this decreases calcium absorption and leads to thinning of the bones or osteoporosis. There is some evidence that PPI might lead to chronic kidney disease. Keeping this in mind PPI use has to be tailored to each person's symptoms, underlying disease condition like Barrett's esophagus opposed to the risk of long-term use.

Patient's taking PPI for long-term should also be taking calcium supplementation 1200 mg on a daily basis and should have the kidney function checks on a yearly basis.

Barrett's esophagus

Barrett's esophagus is a condition where the lower esophageal lining has been eroded related to chronic long-standing reflux disease. This involves erosion of the lining of the esophagus as visualized during endoscopy and confirmed with pathology biopsies. People with Barrett's esophagus are at risk for developing esophageal cancer at the rate of 0.25-0.5% annually. People with Barrett's esophagus need to be on daily PPI on a long-term basis but need to be monitored for thinning of the bones or osteoporosis with a bone x-ray or scan (DEXA Scan) every two years. People with Barrett's esophagus need monitoring for esophageal cancer with surveillance endoscopy (EGD) done every three years.

Esophageal adenocarcinoma: (esophageal cancer)

The incidence of esophageal cancer has been steadily increasing in United States over the past 20 years this is one of the cancer whose incidence is still increasing and it is thought that this may be related to chronic acid reflux and Barrett's esophagus. This is why it's important that people who have any worrisome symptoms like swallowing difficulty, weight loss or reflux not controlled with PPI need to undergo endoscopy to rule out esophageal cancer.

People with chronic reflux should avoid these foods and avoid eating late at night; there should be four-hour gap after dinner and going to bed. A wedge to elevate head end of the bed might be helpful for people with severe reflux, sleeping on the left side is also helpful due to the angulation of the esophagus this decreases reflux symptoms. Alcohol should be avoided; caffeine and caffeinated drinks should be decreased as they all contribute to reflux.

Surgical Management

Different surgical options are also available for the treatment of severe refractory gastroesophageal reflux disease. The older effective surgery in which the lower esophageal valve or sphincter is tightened is Nissen fundoplication. This can be done laparoscopically or with robotic surgery which decreases the recovery time to a day or two. This surgery often decreases reflux significantly to the extent that people do not require any medications. Side effects related to the surgery include swallowing difficulty, inability to vomit and nausea. Prior to having a Nissen fundoplication surgery, an evaluation of monitoring the acid level called 48-hour pH study is recommended and esophageal manometry study is also recommended to rule out any underlying esophageal contraction or spasm known as esophageal motility disorder.

There is an endoscopic surgical option including transesophageal fundoplication (TIF) which is done through the endoscope. This is endoscopically performed and patients often go home on the same day. TIF procedure is effective for 2-5 years.

A new procedure called LINX Reflux Management system is available in which magnetic beads are placed around the lower esophagus to increase the esophageal sphincter. The surgery involves the laparoscopic placement of a bracelet of titanium beads with magnetic course around the lower esophageal sphincter. In some LINX implantation has been beneficial in 87.5% of the patient for four years.

Conclusion

In conclusion, GERD is a very common problem in the United States including Caucasian and Nepalese population. The mainstay of treatment is diet, exercise, weight loss and alcohol avoidance. Medications such as H2 blockers and proton pump inhibition are quite effective in treatment of GERD. Long-term use of colon pump inhibitors may predispose a person to have osteoporosis and kidney problem. However, chronic GERD is a serious problem and can lead to esophageal narrowing, Barrett's esophagus and cancer of the Esophagus although medical therapy surgical options include laparoscopic Nissen fundoplication, endoscopic fundoplication and LINX procedure.

ABOUT THE WRITER

Dr. Sanjeeb Shrestha is a board certified gastroenterologist who has been in practice for past twenty years. (He did his Internal Medicine training at Metro Health at Case Western Reserve University in Cleveland. He then completed his Gastroenterology fellowship at University of Texas Medical Branch (UTMB) at Galveston.)

He was the Chief Of Staff of Medical City Weatherford hospital from 1/2015-12/2016. He was the President of Parker County Medical Society in 2011 and started the Annual Parker CMS Health Fair.

He is the Chairperson of NST Free Health Camp since 2009.

He is a partner at Texas Digestive Disease Consultants the largest Gastroenterology group in the country.

In his spare time he likes to bicycle, swim, run and play the guitar.

He is married to Dr. Jharana Shrestha, Rheumatologist and has two children Maya and Neal.

Sanjeeb Shrestha, MD, FACG
Texas Digestive Disease Consultants
Weatherford, TX76086
Ph: (817) 599-6222 Fax: (817) 599-6222

STROKE

According to WHO, 15 million people suffer stroke each year worldwide, and out of these 5 million die and 5 million have permanent disability. In the US, the annual incidence of stroke is over 800,000. Someone has a stroke every 40 seconds and dies of stroke every 4 minutes. Stroke is the leading cause of long term disability in US.

Data on strokes in Nepal is very limited and number of strokes on Nepalese population living in US is unknown. We come to know about some cases of stroke in Nepalese community either through fund raising initiatives on social media or through friends and family.

Stroke mainly affects people over 55 years of age but can occur even at younger age, and men have a higher risk than females. It can have devastating consequences in the entire family especially if the head of family suffers stroke in a recently migrated family.

Having a healthy diet (low salt, low saturated fat, cholesterol and high fiber), maintaining an ideal body weight, a regular adequate physical activity, stopping smoking, limiting alcohol drinks and taking good care of medical problems like diabetes and hypertension can prevent stroke.

Shailesh Thapa
MD, Internal Medicine

> Common symptoms of stroke include unilateral facial weakness/ numbness, unilateral arm or leg weakness/ numbness, difficulty in speech, confusion, vision loss in one or both eyes, severe headache, imbalance and dizziness, etc.

If someone suffers a stroke, a timely diagnosis, treatment and post-stroke rehabilitation is the key to determining a long term functional outcome.

Common symptoms of stroke include unilateral facial weakness/numbness, unilateral arm or leg weakness/numbness, difficulty in speech, confusion, vision loss in one or both eyes, severe headache, imbalance and dizziness, etc.

What to do if someone is having these symptoms:

Call 911 immediately. Calling 911 is a must as EMS personnel notify Emergency Doctors prior to your arrival at the Emergency room that expedites timely diagnosis and care. Studies have shown that patients who arrive at Emergency room within 3 hours of their stroke symptoms have less disability than those who receive a delayed care.

ABOUT THE WRITER

Name: **Shailesh Thapa MD**, Internal Medicine

Schooling: Budhanilkantha School, Kathmandu, Nepal

Medical School: Institute of Medicine, Maharajgunj Kathmandu Nepal

Residency training: Wyckoff Heights Medical Center, Brooklyn NY

Work experience: Hospital Medicine 2012-2015 Rapid City SD

2015 till date: Methodist Charlton Medical Center, Dallas

Hobbies: Soccer and Listening music

COMMUNITY
HEALTH CAMP

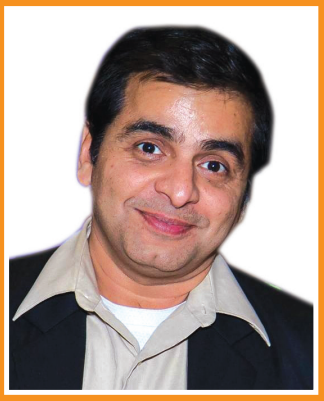
The United States of America is a melting pot for people from all over the world. As many immigrate to this great nation in hopes of making their dreams come true, it does not take long enough to come in terms with reality. One of the biggest realities is the exorbitantly expensive medical system in the country. As compared to other developed nations in the world, the US lags behind the affordable health care service. The expensive medical treatment is more apparent in major cities like Dallas-Fort Worth (DFW), Texas where there is a steep increase in the immigrant population. Dallas-Fort Worth Metroplex has the second largest population of the Nepali diaspora.

Many Nepalese in the DFW area do not have sufficient medical insurance. The lack of proper medical attention is immensely felt by the Nepalese community. To meet this inadequacy, Nepalese Society, Texas (NST) under the leadership of the former President Mr. Prem Adhikari started conducting Free Community Health Camp. The Community Health Camp was well received by the Nepalese community, especially those with no medical insurance and the visiting senior Nepalese. The members from the core leadership in the Nepalese Society, Texas, have always been supportive of this initiative. Nepalese Cultural and Spiritual Center (NCSC) have assisted in providing the space in their premises.

From 2009 till date the Community Health Camp has been conducted regularly. Approximately one hundred patients are served in each health camp.

The functioning and the responsibility of the Health Camp are undertaken by the Chairman of the Health camp, Dr. Sanjeeb Shrestha. He is the driving and inspiring force behind this endeavor. In spite of a successful and busy medical practice, he is always willing and available to provide his valuable time to the Health camp. Joining hands with him is Dr. Jharana Shrestha and his wife who is a successful doctor too.

Community Health Camp would have not been possible without the contribution of the volunteers. Doctors, nurses, medical professionals and patrons devote their precious time and effort to serve the



Dinesh Sharma
NST Health Camp Coordinator

“The Community Health Camp was well received by the Nepalese community, especially those with no medical insurance and the visiting senior Nepalese. The members from the core leadership in the Nepalese Society, Texas, have always been supportive of this initiative. Nepalese Cultural and Spiritual Center (NCSC) have assisted in providing the space in their premises.

community. There are instances when volunteers have paid babysitting for their children to be present at the health camp.

As the demand for the Community Health Camp has increased among us, there is also a need to take the Health Camp to the next level. Taking this into consideration, a non-profit association Texas Nepalese Medical Association (TNMA) has been formed. This association will not only help the patient who needs medical attention but also the next generation, who are aspiring their career in the medical field.

It is an honor and a privilege to be the Health Camp coordinator with my teammates - Badal Bhujel, Lila Shrestha, Bikash Thapa and Manita Manandhar. This role has been an important journey in my life. I have learnt and experienced the meaning of service and duty towards the society. In my closing note, I would request the community members to continue with their love, contribution and blessings towards this noble cause of building a healthier and happier community.

> Community Health Camp would have not been possible without the contribution of the volunteers. Doctors, nurses, medical professionals and patrons devote their precious time and effort to serve the community.

BLOOD DONATION AND SCIENCE

Scientist Albert Einstein states, "The worth of a man resides in what he gives and not in what the man is capable of receiving." This snippet is enough to message the power of donation to those who can internalize the meaning and determine the path to act likewise. In other words, life in one sense is to give rather than receiving from others. On top of that donating life line fluid, the blood, and saving precious human life is beyond comparison with any other forms of donation. In short, serving people in need is a unique way helping others as stated by Laxmi Prasad Devkota, the great poet of Nepal. "Tuladan" in Hindu culture has been practiced for a long time encouraging people to donate more for the cause of better school, roads, health centers, and temples with objectives to provide unbiased public services.

In fact, blood donation is a duty of everyone to constitute a community filled with respect, humanity and values. Pam Henry invites donors with stress that "by donating, you will also be supporting your own community and literally saving lives with every pint donated." Still many qualified individuals simply ignore blood donation because they do not care it. The published literatures suggest that the avoidance of donation is mainly because of anxiety and fear caused by the needle prick. However, every one in need of blood looks for a healthy pint of blood to be infused in. Since blood donation usually requires a determined mind, and advance preparation, everybody in the community is expected to prepare for their solidarity in saving life as mentioned by Ibrahim Hooper that "making a donation is the ultimate sign of solidarity. Actions speak louder than words."

Blood donation is not only a matter of motivation simply because of tangible emotional reasons but also a habit to establish and maintain for a quality life. Ironically, a donor enjoys healthier and happier life than a non-donor. The modern paradigm shift of life style from physical work to more mental and desk work, excessive driving to move from place to place rather, lesser physical exercise due to busy and competitive life pattern, and even change in food habits from fresh food to processed one is urging us to develop a habit of blood donation. In addition, like other materials in the universe, blood has also a half-life and gets destroyed inside the body even if is not donated.

Nanda Regmi
Senior Research Scientist
Department of Pediatric Neurology
UT Southwestern, Dallas, TX

"The donor receives confidential information from the blood bank if any error is observed in his donated blood and that opportunity allows him to see his primary doctor for appropriate treatment before his health condition goes down. Moreover, regular blood donation helps to cut down the excessive amount of glucose, cholesterol, iron and even weight loss. In turn, it reduces the chances of heart attack in adult male donors as suggested by peer reviewed paper.

The donor receives confidential information from the blood bank if any error is observed in his donated blood and that opportunity allows him to see his primary doctor for appropriate treatment before his health condition goes down. Moreover, regular blood donation helps to cut down the excessive amount of glucose, cholesterol, iron and even weight loss.

In the context of this background, if one develops a habit of blood donation and regularly visits blood donation center, he will get mini-medical screening tests for free of cost, which could be tremendous help for healthy life. One needs to pass the prescreening tests to be eligible to donate blood that involves physical examinations such as blood pressure, hemoglobin, body temperature, and compatible past health history. These examinations are basic to know deviations in normal physiology or health, if any. One can only be qualified for the donation if all parameters mentioned above fall under normal ranges.

The health screening of a donor further extends because of a definite types of laboratory tests in the donated blood. When a donor passes all prescreening tests with successful health history, his blood is drawn. However, before transfusing the collected blood to a recipient, the blood samples are subjected against 14 different diseases including life threatening such as HIV for its quality and health. The donor receives confidential information from the blood bank if any error is observed in his donated blood and that opportunity allows him to see his primary doctor for appropriate treatment before his health condition goes down. Moreover, regular blood donation helps to cut down the excessive amount of glucose, cholesterol, iron and even weight loss. In turn, it reduces the chances of heart attack in adult male donors as suggested by peer reviewed paper.

Happy life is considered to be the primary reason of long and healthy life. Scientists explain stimulation of parasympathetic nervous system helps reducing anxiety and stress. There are several methods listed to activate parasympathetic stimulation, such as spending time in nature, getting body massage, doing yoga, deep breathing, meditation, playing with kids and animals, etc. Doing these activities or having similar exercises makes people happy and relaxed. Donation, of course, is one of them that helps keep people happy. In other words, it alleviates stress. Managing stresses is very important for a personal healthy life.

All kinds of donations and helping people in need makes everybody happy and relaxed. On top of them, blood donation is very unique and special that makes a deep impression to remain happy. All donors gain positive thought having an opportunity to make contributions to their community. Thus helping others in need is a means of reducing stress and a way to live happy life. The similar experience has been said by Floridian John Sheppard, who is 87 years-old lifelong blood donor and an honorary member of Blood Donors of America (BDA). John wants to pass this powerful message of blood donation and its direct impact on human life on to the next generation.

Thus, spreading message regarding blood donation and supporting it is a duty of everyone in the community. To ignite a lamp of integrity, dedication, selflessness, service with a powerful message of blood donation and to create a donor community with unity, charitable organizations like BDA have been established. From the establishment of BDA in 2009, BDA has been able to create awareness and motivation among thousands people through countless events inside the US and beyond. BDA has successfully completed the first and second national conventions in Dallas (2016) and Atlanta (2018), respectively. It is also noteworthy to mention that the largest records in blood donation have been registered by BDA in support of Dallas based other social community organizations several times in the past. The details of BDA can be reached at http://blooddonorsofamerica.org/ and everyone is warmly welcome to join this humanitarian work through this highly prestigious organization.

ABOUT THE WRITER

Dr. Nanda Regmi, a Senior Research Scientist in the University of Texas Southwestern (UTSW) Medical Center at Dallas, TX, a world class university of this age. A first veterinary graduate of Nepal, Dr. Regmi received his Ph.D. from Tokyo University of Agriculture and Technology, Tokyo, Japan in pharmacology and completed his postdoctoral training in UTSW with internationally recognized scientists. Dr. Regmi also served Nepal government in multiple capacities such as assistant professor of Tribhuvan University and Veterinary Officer of Livestock Services. Dr. Regmi has been recognized with numerous awards, honors and memberships of different professional organizations.

In addition, Dr. Regmi is also known for his philanthropic contributions, as being the first elected president of Blood Donors of America (BDA), a charitable organization. BDA, highly prestigious organization holds members like the Guinness book record holder in whole blood donation, Mr. John Sheppard. Dr. Regmi is also a life member of International Nepali Literary Society a founder member of Nepalese Cultural and Spiritual Center; and a founding member and a member of board of trustees of Indreni Cultural Association of Dallas, TX. Dr. Regmi is listed as one of the outstanding biomedical scientists and philanthropists in the USA by a book "Nepali WHO IS WHO IN THE USA, 2019".

Dr. Regmi bags versatile experiences of research, teaching, and highly integrated community services. He lives with his family of four in Coppell, Dallas, TX and can be reached at nandaregmi@yahoo.com

Rheumatology

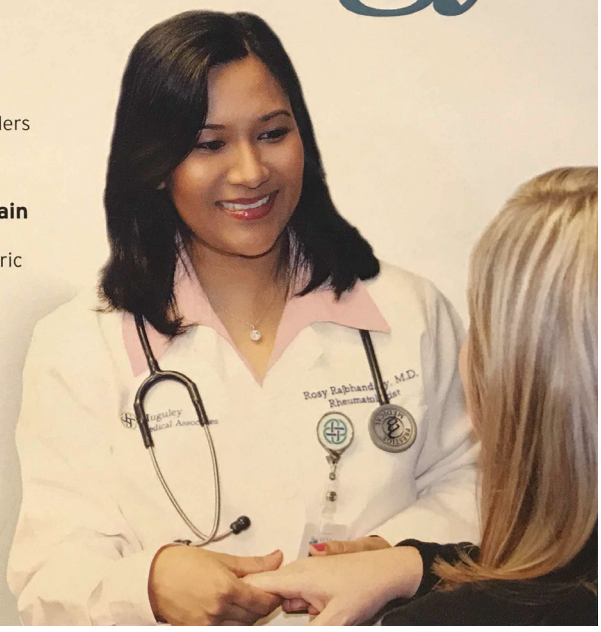
Rosy Rajbhandary, M.D.

Rheumatologist Rosy Rajbhandary, M.D., diagnoses and treats adults with disorders that affect joints, tendons, ligaments, connective tissue, and bones, including:

• Arthritis • Lupus • Fibromyalgia • Gout • Vasculitis
• Osteoporosis • Carpal tunnel syndrome • Musculoskeletal pain

She also sees children with rheumatic disease while in transition to see a pediatric rheumatologist. She welcomes new patients and accepts most insurance plans, including Medicare and Medicaid.

"Growing up, I saw my mother suffer with crippling rheumatoid arthritis, so I've dedicated my career to helping those who suffer from these conditions," explained Dr. Rajbhandary. "Listening carefully to my patients allows me to reach an accurate diagnosis and to bring relief."



Texas Health Huguley
Medical Office Building 2
11803 S. Freeway, Suite 210
Fort Worth, Texas 76115
817-551-3812

HMA
huguley medical associates

KNOW OUR TEAM MEMBERS

Dinesh Sharma

Director
Health Camp of TNMA

Dinesh Sharma has been serving as a Director of Health Camp of the TNMA since September 2018. He currently works as a Solution Architect with GM Financial. He is associated with the Hi-Tech field from 2000 and has also worked as an Engineer with Apple Computers. He also runs an IT consulting firm where he outsources the work to Tech companies in Nepal.

Dinesh is also a motivational speaker who has worked to create positive impacts among the youths.

Affiliations:

1. General Secretary, Nepali Jansamparka Samiti.
2. Secretary, GMF Toastmasters International.
3. Board of Director, Nepali Cultural and Spiritual Center.
4. Health Camp Coordinator.
5. Board of Director, DFW Pranami Samaj.
6. Executive Member of NST 2009 - 2013.
7. Past General Secretary, Global Youth Organization.

Hobby: Travelling, Blogging, Yoga.

Mr. Sharma can be reached at www.littlebuddhacoach.com

Makar Bajracharya

Director
Fundraising of TNMA

Makar Bajracharya has been serving as a Director of Fund-raising of the TNMA since September 2018.

Affiliations:

1. Executive Member and Past Vice President (2017-2018) and Founding Member of NCSC.
2. Guiding Lions for Plano Collins Nepalese Lions Club and Past President (2011-2012) of Dallas Everest Lions Club.
3. Actively involving in Lionism since 2004.
4. Executive Member of Nepalese Society of Texas (2009 - 2011), active role played to establish NST School and Health Camp project.
5. Founding Executive Member of United Newah USA. Actively involving to preserve our culture and religion in DFW Motorplex.
6. Executive Member, Blood Donors of America (BDA), Texas.

I believe love, compassion and sacrifice could bring happiness in our life.

Lila Shrestha

Director
Executive Office of TNMA

Lila Shrestha has been serving as a Director of Executive Office of the TNMA since September 2018. He strongly believes that TNMA is one of the best platforms that one can work proudly for the society. TNMA is greatly moving forward at its pilot project Free Health Clinic for the DFW Nepalese community. He respects to the slogan of TNMA "Working Together for a Healthy Community."

Professionally, Mr. Shrestha is a Public Adjuster. He has worked in the mortgage and Hazard claims for the past 15 years in US and is currently working as a Public Adjuster at DIMONT.

He has been serving the Dallas - Fort Worth Nepali community since 2004. He has been an Executive Member and Office-In-Charge of the Nepalese Society of Texas (NST) in 2009 - 2011. And, General Secretory of Blood Donors of America (BDA), Texas in 2014-16. He has been heavily involved in social activities within DFW Nepali community. He walks the talk with honesty and integrity.

Mr. Shrestha grew up in Dhankuta, Nepal. Then, has been residing in Dallas since 2004. He has been living with his wife Chanda, son Prince, daughter Pratistha and daughter-in-law Sajani. He enjoys time with his family and friends. In addition, he enjoys travelling, reading, challenge of solving complex problems, listening to music and working out. Mr. Shrestha can be reached at plickstha@yahoo.com.

Badal Bhujel

Director
Community Outreach of TNMA

Badal Bhujel has been serving as a Director of Community Outreach of the TNMA since September 2018.

Affiliations:

1. Founder Treasurer, DFW NJJS Chapter
2. Founder President, North Dallas Nepali Samaj, Plano Texas
3. Founder Chairman, Sri Ram Mandir Plano, Texas
4. Volunteers, NST Health camp since 2009

Hobby: reading, watching soccer and cricket.
Mr. Bhujel can be reached at 469-556-7230

GRAND SPONSOR

PAT AND JIM MARTIN

OUR SPONSORS & SUPPORTERS

RAILHEAD REALTY

abbvie

AMGEN

HORIZON

ucb Inspired by patients. Driven by science.

VERITIS

SENDERRA Specialty Pharmacy

ReCept pharmacy
We make people feel better

PlainsCapital Bank

PIXEL 6 studio

Round Grove Family Dentistry

care n cure DENTAL

Smile Breeze DENTISTRY
CARE • COMPASSION • COMPETENCE

travel solution usa
1-855-FLY-NEPAL